FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

PROCESSED APR 1 8 2008

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

143	325	65
OMB	APPRO'	VAL
OMB Num	ber:	3235-0076
Expires: Estimated	April 3	30,2008
Estimated	average	burden
hours per r	esponse	16.00

SEC USE ONLY							
Prefix	0000	Serial					
		1					
DA	TE RECEIV	ED					
		l					
I							

FINANCIAL UNIF	ORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amer Telegen of Louisiana Inc.	ndment and name has changed, and indicate change.)	
	Rule 504 Rule 505 Rule 506 Section 4(6	ULOE SEC Mail Processing Section
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the is	ssuer	APR 112008
Name of Issuer (check if this is an amendn	nent and name has changed, and indicate change.)	
Telegen of Louisiana Inc.	C#*	Washington, DC
Address of Executive Offices 1051 Ronald Reagan Hwy	(Number and Street, City, State, Zip Code) Covington LA 70433	Telephone Numb (Including Area Code) 985 809 1903
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	٠	
Telecommunications maintenance/electric	cal contracting :	A A EA ATOL O DA SA PARTO DO UNA BARRA DA UN ALBARRA BARRA DA SA BARRA BARRA BARRA BARRA BARRA BARRA BARRA BAR
	nited partnership, already formed other (please specify): 08046801
Actual or Estimated Date of Incorporation or Org Jurisdiction of Incorporation or Organization: (I	Month Year ganization: 111 07 Actual Esti Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	imated e:
GENERAL INSTRUCTIONS	· · · · · · · · · · · · · · · · · · ·	
Federal: Who Must File: All issuers making an offering of 77d(6).	securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than Exchange Commission (SEC) on the earlier of	nan 15 days after the first sale of securities in the offering of the date it is received by the SEC at the address given by	g. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on

which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

	-	-		-	_	
- 2	11	•	N		"	N.
	۱T	-	11		v	11

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. 1	BASIC IDEN	TIFICATION	DATA			
 Enter the information re Each promoter of t Each beneficial ow Each executive off Each general and n 	he issuer, if the iss ner having the pow icer and director of	er to vote or dis f corporate issu	spose, or direct uers and of cor	the vote or dis	sposition of, l			s of equity securities of the issuer. ership issuers; and
Check Box(es) that Apply:	Promoter	☐ Benefic	ial Owner [Executive	Officer [Director		General and/or Managing Partner
Full Name (Last name first, i Holupko, Jeffrey	f individual)							
Business or Residence Addre 1051 Ronald Reagan Hw	•	Street, City, S A 70433	tate, Zip Code)	·	•••		
Check Box(es) that Apply:	Promoter	☐ Benefic	ial Owner [Executive	Officer [D irector		General and/or Managing Partner
Full Name (Last name first, i Sillinger, Daniel E.	f individual)							
Business or Residence Addre	•	Street, City, S	tate, Zip Code)		_,		
Check Box(es) that Apply:	Promoter		ial Owner [Executive	Officer [Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)							
Business or Residence Addre	ss (Number and	Street. City, S	tate, Zip Code)				
Check Box(es) that Apply:	Promoter	Benefic	ial Owner	Executive	Officer [Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)			1. 8 PV			••••	
Business or Residence Addre	ess (Number and	Street, City, S	tate, Zip Code)				
Check Box(es) that Apply:	Promoter	Benefic	ial Owner [Executive	Officer [Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)							
Business or Residence Addre	ss (Number and	Street, City, S	tate, Zip Code)				
Check Box(es) that Apply:	Promoter	☐ Benefic	ial Owner	Executive	Officer [Director		General and/or Managing Partner
Full Name (Last name first,	if individual)				··			
Business or Residence Addre	ess (Number and	Street, City, S	tate, Zip Code)			<u> </u>	
Check Box(es) that Apply:	Promoter	Benetic	ial Owner	Executive	Officer [Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		<u> </u>					
Business or Residence Addre	ess (Number and	Street, City, S	tate, Zip Code	·)			-	

				B. 17	NFORMATI	ION ABOU	T OFFERI	NG				
1. Has the	issuer sold	l, or does th			II. to non-a						Yes X	No
2. What is	the minim	um investm			• •						\$ <u>10,</u>	00.000
·		permit joint									Yes K	No
commis If a pers or state:	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.											
Full Name (vidual)									
Business or			umber and	Street, Ci	ity, State, Z	(ip Code)			<u></u>			·-···
Name of As	sociated Br	oker or Dea	aler						<u>,</u>	-		
States in WI	nich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers					<u></u>	·
(Check	"All States	or check	individual	States)	•			,	•••••	***************************************	☐ AI	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full Name (Last name	first, if indi	ividual)				·					
Business or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)					·	
Name of As	sociated Br	oker or Dea	aler				<u></u>					
States in WI										· · · · · ·	•	<u>-</u>
(Check	"All States	s" or check	individual	States)			******		***************************************	***************************************	☐ Ai	l States
AL II. MT	IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	I.A NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Name (Last name	first, if indi	ividual)					 				
Business or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	sociated Bi	roker or De	aler							_		
States in W	hich Persor	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						· ·-
(Check	"All States	s" or check	individual	States)		•••••		***************************************			☐ Al	l States
IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA) KÝ NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

١.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	[
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity			\$ 20,000.00
	☑ Common ☐ Preferred		_	
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$	_	\$
	Other (Specify)	\$	_	\$
	Total	§ 200,000.00		\$ 20,000.00
,	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in thi offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	1	_	\$_10,000.00
	Non-accredited Investors	<u>1</u>	_	\$_10,000.00
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering	Type of Security		Dollar Amount Sold
	Rule 505		_	\$
	Regulation A		_	\$
	Rule 504	0.00	_	\$_0.00
	Total		_	s_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		
	Transfer Agent's Fees			\$
	Printing and Engraving Costs		Z	\$ 200.00
	Legal Fees	[\$
	Accounting Fees		_	\$
	Engineering Fees	_	_ ا	\$
	Sales Commissions (specify finders' fees separately)		_ ¬	\$
	Other Expenses (identify)		_ ¬	\$
	Total	Г	_	s 200.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	d gross	199,800.00
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be us each of the purposes shown. If the amount for any purpose is not known, furnish an estima check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	ite and	
	Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees		_ 🗆 \$
Purchase of real estate	S	_ [s
Purchase, rental or leasing and installation of machinery and equipment		
Construction or leasing of plant buildings and facilities		_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\[\] \$	s
Repayment of indebtedness		
Working capital		
Other (specify):		_ 🗆 S
Column Totals		s 0.00
Total Payments Listed (column totals added)	_ _ \s_1	99,800.00
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this ignature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange C the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	Commission, upon writt	ule 505, the followi en request of its sta
Signature Signature	Date	4, 44
Telegen of Louisiana Inc.	April 4, 2006	
Name of Signer (Print or Type) Title of Signer (Print or Type)	. <u></u> -!	
effrey M. Holupko Director		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STAT	TE SIGNATURE				
1.	I. Is any party described in 17 CFR 230.262 presently subject provisions of such rule?	to any or the disquarreemen	Yes	No ⊠		
	See Appendix, Co	lumn 5, for state response.				
2.	 The undersigned issuer hereby undertakes to furnish to any st D (17 CFR 239.500) at such times as required by state law. 		ed a notic	e on Form		
3.	 The undersigned issuer hereby undertakes to furnish to the issuer to offerees. 	state administrators, upon written request, informatio	on furnish	ned by the		
4.	4. The undersigned issuer represents that the issuer is familia limited Offering Exemption (ULOE) of the state in which the of this exemption has the burden of establishing that these	is notice is filed and understands that the issuer claim	led to the	e Uniform vailability		
	ssuer has read this notification and knows the contents to be true a authorized person.	nd has duly caused this notice to be signed on its behalf	by the un	idersigned		
ssuer (r (Print or Type) Signature	Date				
Telegen of Louisiana Inc. April 4, 2006						

Title (Print or Type)

Director

Instruction:

Name (Print or Type)

Jeffrey M. Holupko

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and to non-accredited offering price waiver granted) offered in state amount purchased in State investors in State (Part C-Item 2) (Part E-Item 1) (Part C-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited No State Yes No Investors Amount **Investors** Amount Yes AL ΑK AZAR CACO CTDE DC FLGA HI ID ΙL IN IA KS KYLA ME MD MA ΜI MN MS

APPENDIX 2 3 ł Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of Type of investor and to non-accredited offering price waiver granted) amount purchased in State offered in state investors in State (Part E-Item 1) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Yes No Investors Amount State Yes No Investors Amount MO MT NE $\cdot NV$ NH NJ NMCommon Equity \$200 000 00 \$10,000.00 \$10,000.00 × NY × NC ND ОН OK OR PA RI SC SD TN TX UT VT VA WA wν WI

	APPENDIX											
1	,	2	3 Type of security		5 Disqualification under State ULOE							
	to non-a investor	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
WY		-										
PR												